APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY

Name (Last, First, Middle Initial)		CAPID	CAP Grade	Gender

Member Type	Charter No. (e.g. GLR-MI-059)	Grade in School	Religious Preference
	MAR-MD-011		

Address (Include No., Street, City, State and Zip Code)	Home Phone Number	Cell Phone Number
	E-Mail Address	

Date of Birth (mm/dd/yy)	Shirt Size	Height (Inches)	Weight (Lbs)	Hair Color	Eye Color

Title of Activity	Location of Activity	Activity Dates
MAAM Weekend	Reading PA	June 7-8-9 2019

Staff Position(s) Sought

Emergency Contact Information

(Primary Contact) Name (Last, First, Middle Initial)	Relationship	Primary Phone Number

(Secondary Contact) Name (Last, First, Middle Initial)	Relationship	Primary Phone Number

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.

2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.

3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.

4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.

5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.

6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.

7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

Date _____ Signature of Applicant _____

(Continued on reverse)

Name (Last, First, Middle Initial)	Title of Activity MAAM Weekend

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.

2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.

3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

Date	Witness for Father's Signature	Father or Legal Guardian
	Witness for Mother's Signature	Mother or Legal Guardian

Squadron Certification. (Squadron Commander's signature is not necessary if the activity is approved in eServices or if it is a squadron activity.)

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates.

Date	Squadron Commander

Group Certification. (Group Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the group.)

Date	Group Commander (or designee)

Wing Certification. (Wing Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the wing.)

Date	Wing Commander (or designee)